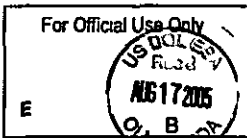


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - <u>9374</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>04</u> Through <u>12</u> / <u>31</u> / <u>04</u>
3 Name and address of person filing Name <u>Timothy</u> <u>O</u> <u>SHARP</u> P O Box, Bldg, Room No, if any Street <u>1284 LOIS LANE</u> City <u>FAIR BANKS</u> State <u>ALASKA</u> ZIP Code + 4 <u>99712</u>	4 Name, file number, and address of labor organization Name <u>LABORERS INTERNATIONAL Union of</u> <u>North America</u> Labor Organization File Number <u>LM0428</u> <u># 942</u> P O Box, Building and Room Number, if any <u>2740</u> Street <u>2740 DAVIS ROAD</u> City <u>FAIR BANKS</u> State <u>ALASKA</u> ZIP Code + 4 <u>99509</u>
5 Position in labor organization <u>BUSINESS MANAGER / SECRETARY TREASURER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests  
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name, if any) Name <u>Welfare, Pension &amp; <del>Other</del> Admin</u> <u>Services Inc.</u> Trade Name, if any P O Box, Bldg, Room No, if any <u>P.O. 34203</u> Street <u>2815 Second Ave., Ste 300</u> City <u>Seattle</u> State <u>WA</u> ZIP Code + 4 <u>98124</u>	7 a Nature of Interest, Transaction, or Income <u>Health &amp; Welfare, Pension, Training</u> <u>LEGAL TRUST &amp; ADMINISTRATORS</u> 7 b Amount <u>\$ 450. <del>000</del></u> <u>See Attachment "A"</u>

Signature

15 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)	
Signed <u>[Signature]</u>	On <u>8/7/05</u> <u>907-452-3139</u> Date Telephone Number

Name of Person Filing <u>Timothy O. SHARP</u>	File Number U-
-----------------------------------------------	----------------

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name Walsh, Kellher & Sharp, CPAs, AAC  
Trade Name, if any \_\_\_\_\_  
P O Box, Bldg, Room No, if any P.O. Box 73530  
Street 330 BARRETT ST.  
City FAIRBANKS, ALASKA  
State AK ZIP Code + 4 99701-3530

9 Business deals with

- ☐ a Labor Organization  
☐ b Trust  
☒ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name Not Available - Please see Attached letter  
Trade Name, if any Attachment "B"  
P O Box, Bldg, Room No, if any \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

11 a Nature of such dealing

Wife's company with possibility of dealing w/ signatory contractors.

11 b Approximate dollar value of such dealing

Not Available

12 a Nature of interest held or income received

3 1/3% Interest in CPA firm is owned by spouse Client list confidential per statute -

12.b Amount

Total W2 Income \$234,769.00 for 04

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name \_\_\_\_\_  
Trade Name, if any \_\_\_\_\_  
P O Box, Bldg, Room No, if any \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

14 a Nature of payment.

--

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment.

-0-

**ALASKA LABORERS-EMPLOYERS TRUSTS***Alaska Laborers-Construction Industry Health and Security Fund**Alaska Laborers-Employers Retirement Fund**Alaska Laborers-Construction Industry Training Fund*

2815 SECOND AVENUE • SUITE 300 • P.O. BOX 34203 • SEATTLE, WASHINGTON 98124  
TELEPHONE (206) 441-7574 • FAX (206) 441-9110

Administered by

Welfare and Pension Administration Service, Inc.

**Via Fax**

August 8, 2005

Tim Sharp  
Laborers Local No. 942  
2740 Davis Rd  
Fairbanks, AK 99709-5231

**RE: Alaska Laborers Trusts  
2004 Expenses**

In connection with the LM-30 filing requirement imposed by the Department of Labor, enclosed is a listing of your portion of Trust meeting expenses paid in 2004.

We are making this information available to you because it appears you may be subject to the LM-30 filing requirements.

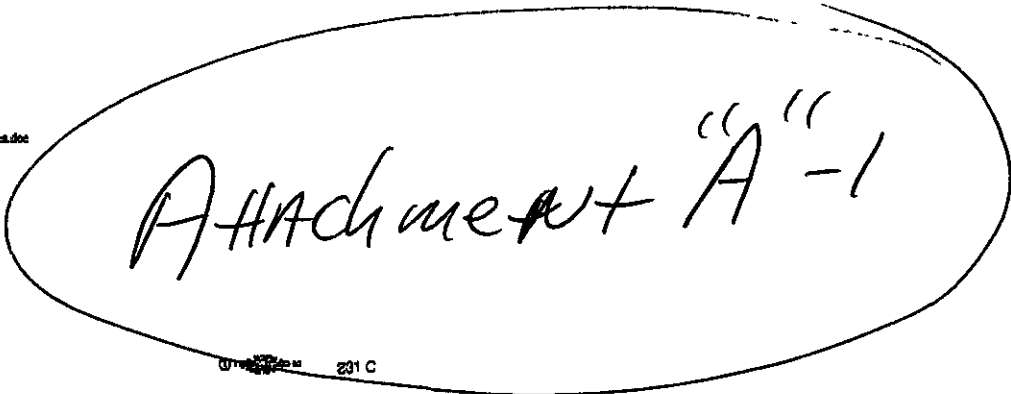
If you have any questions regarding the LM-30 filing, you may want to contact your Union Attorney. If you have any questions regarding the listed expenses, please contact me.



Michael D. Parmelee  
Account Executive

\\KING\apps\64\SHARED\SECUM\STAFF\W23 Cover Letter for 2004 Expenses.doc

Enclosure



Attachment "A"-1

**Alaska Laborers Trusts  
2004 Meeting Expenses**

	<b>Tim Sharp</b>			
	H&W Trust Meeting	12/3 - 12/4/03	Food Beverage	\$89.75
	Retirement Trust Meeting	12/3 - 12/4/03	Food Beverage	\$38.49
	H&W Trust Meeting	4/6 - 4/7/04	Food Beverage	\$128.65
	Retirement Trust Meeting	4/6 - 4/7/04	Food Beverage	\$108.53
	H&W Trust Meeting	12/1 - 12/2/04	Food Beverage	\$42.43
	Retirement Trust Meeting	12/1 - 12/2/04	Food Beverage	\$42.43

Attachment "A"-2

August 6, 2005

Department of Labor  
Office of Labor-Management Standards  
Washington, D.C. 20210

To Whom It May Concern:

I am at a bit of a loss in terms of how to best proceed on my LM-30 report. My wife is a partner in a CPA firm. She owns a little less than a third of the business. The firm serves a wide variety of companies and corporations doing taxes, payrolls, audits, general bookkeeping etc. Of those, some of her clients are construction contractors. Of those contractors, some are union, some are not. Of those contractors, some are signatory with our union and some are not.

I have requested her client list, but she has declined my request to turn it over. She cites client confidentiality. This is further complicated by the fact that even if I had the list, I am not sure how to proceed regarding the requirement for reporting "substantial" amounts of her income. I have searched the regulation but can find no definition of the term substantial, no monetary amount or percentage of annual income to give me guidance.

Even if it turns out that there are, in fact, signatory contractors that this local does have a relationship with, or contractors that we are actively trying to organize, after it is all quantified and divided by less than a third, what is "substantial"?

I have contacted the Regional Department of Labor office regarding this issue and am proceeding with their advice. Accordingly, I have included with my LM-30 report, my request and my wife's response.

There is absolutely no conflict of interest on the part of myself or this local union and I only include this to show good faith and point out a problem that might crop up in other businesses or industries that require confidentiality and that have spouses that have had the misfortune to marry a union officer.

Sincerely,



Tim Sharp, Business Manager/Secretary Treasurer  
LIUNA, Local #942

Attachment "B"-1

August 6, 2005

Therese Sharp, Partner  
Walsh, Kelliher and Sharp, CPA's  
330 Barnette Street  
Fairbanks, Alaska 99701

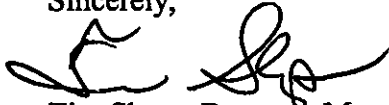
Dear Therese,

Due to some of the recent changes in the enforcement of the Federal LM-30 report requirements I am requesting a list of your clients so I can determine if there is a substantial amount of your annual income that is derived from any contractors that we are currently signatory with or actively trying to organize.

We are told that the intent of the recent change in enforcement of this statute is to determine if any conflict of interest exists between your clients and myself as an officer of this local union.

I apologize for any inconvenience this will cause you or your firm.

Sincerely,

A handwritten signature in black ink, appearing to read 'Tim Sharp', written over a horizontal line.

Tim Sharp, Business Manager  
LIUNA, Local #942

Attachment "B"-2

# Walsh Kelliher & Sharp

A Professional  
Corporation

Certified Public  
Accountants

Advisors  
to Business

August 8, 2005

Tim Sharp  
Laborers' International Union of North America  
Local 942  
2740 Davis Road  
Fairbanks, Alaska 99709

VIA FAX 907-452-6285

Dear Tim:

In responses to your request that we submit to you a list of all our clients so as to satisfy your requirements with the filing of your form LM-30 with the Department of Labor, we respectfully decline to do so.

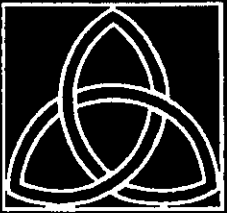
Our office policy is to maintain the highest level of confidentiality possible for our clients. As such, we cannot provide you with any type of list.

Sincerely,



Therese Sharp, CPA

Attachment "B"-3





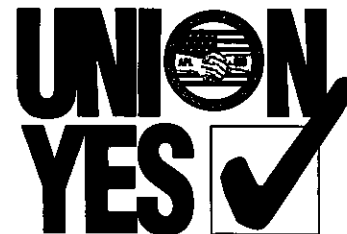
DANIEL P. SIMIEN  
President  
August 11, 2005



# LABORERS' INTERNATIONAL UNION of NORTH AMERICA

LOCAL 942

2740 DAVIS RD , FAIRBANKS, ALASKA 99709, (907) 456-4584  
710 W 9th AVE , JUNEAU, ALASKA 99801, (907) 586-2860  
FAIRBANKS FAX (907) 452-6285  
JUNEAU FAX (907) 586-5757



TIM SHARP  
Business Manager  
Secretary-Treasurer

U S Department of Labor  
Employee Standards Administration  
Office of Labor-Management Standards  
200 Constitution Avenue, NW  
Room N-5616  
Washington, D.C 20210

Re: Form LM-30 Filing for Tim Sharp, LIUNA Local #942, Labor Organization File No LM 042981

Dear Sir or Madam,

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systematic compliance with these requirements, and to further apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Sincerely,

Tim Sharp